

2010 JAN 11 PM 2:31

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics



**FORM-GBG**

Gift, Bequest, or Grant Information  
received by a department or  
accepted by the Governor on behalf  
of the state

For office use only

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

|  |                       |
|--|-----------------------|
| Clarinda MHI                                       |                       |
| Name of Department or Office<br>1800 N 16th Street | Clarinda, IA 51632    |
| Mailing Address<br>712-542-2161                    | City, State, Zip Code |
| Area Code & Telephone No.                          |                       |

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

|  |   |
|--|---|
| Sue Rehwaldt Hays  |   |
| Name   |   |
| Mailing Address (if different from above)<br>Sue.RehwaldtHays@iowa.gov | City, State, Zip (if different from above)<br>712-542-2161 Ext 3317 |
| Email Address  | Area Code & Telephone Number (if different from above)              |

**DONOR OF GIFT, BEQUEST, OR GRANT:**

|                              |                       |
|------------------------------|-----------------------|
| Area Lutheran churches       |                       |
| Name                         |                       |
| Mailing Address              | City, State, Zip Code |
| Area Code & Telephone Number |                       |
| Email Address (optional)     |                       |

|  |               |
|--|---------------|
| 12/09  | \$ 1,320.00   |
| Date of Gift, Bequest, or Grant  | Amount/Value* |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |               |

Provide a description of the gift, bequest, or grant and purpose thereof.

Gift boxes for patients - Lutheran Gift Day

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/7/10

Date

2010 JAN 11

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI

Name of Department or Office

1800 N 16th Street

Clarinda, IA 51632

Mailing Address

712-342-2161

City, State, Zip Code

Area Code & Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

Sue.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)

712-542-2161 Ext 3317

Email Address

Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Employees of the Clarinda Treatment Complex

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/09

\$ 800.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof.

Gift boxes for patients - for Christmas Day

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/7/10

Date

Revised 06/06

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI

Name of Department or Office

1800 N 16th Street

Clarinda, IA 51632

Mailing Address

712-542-2161

City, State, Zip Code

Area Code & Telephone No.

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

Sue.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)

712-542-2161 Ext 3317

Email Address

Area Code & Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

Presbyterian Outreach Program

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/09

\$ 100.00

Date of Gift, Bequest, or Grant

Amount/Value

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof.

Gift stockings for the patients.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/7/10

Date

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2010 JAN 11 PM 2:32  
Revised 06/06

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|  |                       |
|--|-----------------------|
| Clarinda MHI                                       |                       |
| Name of Department or Office<br>1800 N 16th Street | Clarinda, IA 51632    |
| Mailing Address<br>712-542-2161                    | City, State, Zip Code |
| Area Code & Telephone No.                          |                       |

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

|  |   |
|--|---|
| Sue Rehwaldt Hays  |   |
| Name   |   |
| Mailing Address (if different from above)<br>Sue.RehwaldtHays@iowa.gov | City, State, Zip (if different from above)<br>712-542-2161 Ext 3317 |
| Email Address  | Area Code & Telephone Number (if different from above)              |

### DONOR OF GIFT, BEQUEST, OR GRANT:

|                              |                       |
|------------------------------|-----------------------|
| Family of V. Beorjan         |                       |
| Name                         |                       |
| Mailing Address              | City, State, Zip Code |
| Area Code & Telephone Number |                       |
| Email Address (optional)     |                       |

|  |               |
|--|---------------|
| 12/09  | \$ 250.00     |
| Date of Gift, Bequest, or Grant  | Amount/Value* |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |               |

Provide a description of the gift, bequest, or grant and purpose thereof.

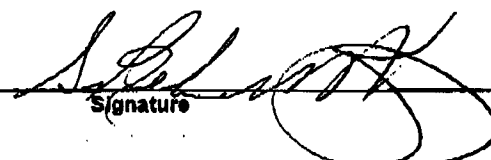
Donated clothing items.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

  
Signature

1/7/10

Date

Revised 06/05

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

Clarinda MHI

Name of Department or Office

1800 N 16th St

Clarinda, IA 51632

Mailing Address

712-542-2161

City, State, Zip Code

Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

Sue.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)

712-542-2161 Ext 3317

Email Address

Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Sue Rehwaldt Hays

Name

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/10/09

\$ 10.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Used CD players for patient use

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/10/09

Date

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| Area Code & Telephone No.                      |                       |

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

|  |   |
|--|---|
| Sue Rehwaldt Hays  |   |
| Name   |   |
| Mailing Address (if different from above)<br>Sue.RehwaldtHays@iowa.gov | City, State, Zip (if different from above)<br>712-542-2161 Ext 3317 |
| Email Address  | Area Code & Telephone Number (if different from above)              |

## DONOR OF GIFT, BEQUEST, OR GRANT:

|                              |                       |
|------------------------------|-----------------------|
| Roland Landsness             |                       |
| Name                         |                       |
| Mailing Address              | City, State, Zip Code |
| Area Code & Telephone Number |                       |
| Email Address (optional)     |                       |

|  |               |
|--|---------------|
| 10/09  | \$ 1,500.00   |
| Date of Gift, Bequest, or Grant  | Amount/Value* |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |               |

Provide a description of the gift, bequest, or grant and purpose thereof.

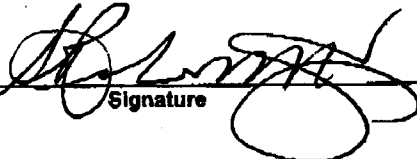
Wheelchair, recliner chair and personal clothing donated for patients to use.

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## Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

  
 Signature

11/10/09

Date

Revised 06/05

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Clarinda MHI

Name of Department or Office

1800 N 16th St

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

712-542-2161

Area Code & Telephone No.

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

Sue.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)

712-542-2161 Ext 3317

Email Address

Area Code & Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

Amanda Lawrence

Name

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

10/09

\$ 25.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Clothing for patients use.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/10/09

Date

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
Revised 06/05  
2010 JAN 11 PM 2:32

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| Clarinda MHI                                   |                       |
| Name of Department or Office<br>1800 N 16th St | Clarinda, IA 51632    |
| Mailing Address<br>712-342-2161                | City, State, Zip Code |
| Area Code & Telephone No.                      |                       |

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

|  |   |
|--|---|
| Sue Rehwaldt Hays  |   |
| Name   |   |
| Mailing Address (if different from above)<br>Sue.RehwaldtHays@iowa.gov | City, State, Zip (if different from above)<br>712-342-2161 Ext 3317 |
| Email Address  | Area Code & Telephone Number (if different from above)              |

### DONOR OF GIFT, BEQUEST, OR GRANT:

|                                       |                       |
|---------------------------------------|-----------------------|
| Dave and Nancy Koch                   |                       |
| Name                                  |                       |
| Mailing Address<br>Clarinda, IA 51632 | City, State, Zip Code |
| Area Code & Telephone Number          |                       |
| Email Address (optional)              |                       |

|  |               |
|--|---------------|
| 10/09  | \$ 200.00     |
| Date of Gift, Bequest, or Grant  | Amount/Value* |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |               |

Provide a description of the gift, bequest, or grant and purpose thereof.

Used clothing for patients use.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/10/09

Date



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
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Clarinda MHI

Name of Department or Office  
1800 N 16th St

Clarinda, IA 51632

Mailing Address  
712-542-2161

City, State, Zip Code

Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)  
Sue.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)  
712-542-2161 Ext 3317

Email Address

Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Family of P. Hazen

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

10/09

\$ 100.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Used clothing for patient use.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

  
Signature

11/10/09  
Date